`Substitute for form 1449/PTO (Revised 07/2005)		Complete if Known					
		Application Number	10/657,550				
TATEOD	MATION	DICCLO	CUDE	Filing Date	09/04/2003		
INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary)				First Named Inventor	Chaudry		
				Group Art Unit	1616		
			V)	Examiner Name	James Henry Alstrum Acevedo		
Sheet	1	of	1	Attorney Docket Number	048765/277062		

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Examiner Initials*	Cite No.	Document Number  Number - Kind Code (if known)	Publication Dat		Name of Patentee or Applicant of Cited Document			Pages, Columns, Lines, Where Relevant Passages of Relevant Figures Appear		
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Examiner Initials*	Cite No.	Include name of the author (in Caitem (book, magazine, journal, se publisher, city and/or country wh	APITAl	L LETTERS), t mposium, catal	itle of	the article (when appropriate			sh Language tion Attached	
	"BECONASE AQ®" from the online Physician's Desk Reference (PDR®)-accessed November 19, 2007.									

Examiner	Date	
Signature	Considered	

<sup>\*</sup>Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.